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DATE: October 19, 2006

PTO IDENTIFIER: Application Number 10/625,927-Conf. #9482
Patent Number

Inventor: Andrea Caldini et al.

MESSAGE TO: MS RCE (USPTO)

FAX NUMBER: (571) 273-8300

FROM: PATTON BOGGS LLP

James M. Graziano (Reg. #28,300)

PHONE: 303-830-1776

Attorney Dkt. #: 013436.0279PTUS (Caldini 1-1)

PAGES (Including Cover Sheet): 16

CONTENTS: Certificate of Transmission (1 page)
Response to After Final Action Under 37 CFR 1.116 mailed 05/24/2006 (9 pages)
Request for Continued Examination Transmittal (1 page)
Petition For Extension Of Time (1 page)
Fee Transmittal (2 for a total of 2 pages)
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PTO/SB/97 (09-04)

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Application No. (if known): 10/626,927

Attorney Docket No.: 013436.0279PTUS
(Caldini 1-1)**Certificate of Transmission under 37 CFR 1.8**

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1. Response to After Final Action Under 37 CFR 1.116 mailed 05/24/2006 (9 pages)
2. Request for Continued Examination Transmittal (1 page)
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Oct-19-2006 11:48am From-PATTON BOGGS

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T-416 P.014/016 F-549

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PTO/SB/17 (07-06)

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Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fee presented to the Consolidated Appropriations Act, 2005 (H.R. 4819). FEE TRANSMITTAL For FY 2005		Complete if Known				
		Application Number	10/625,927-Conf. #9482			
		Filing Date	July 24, 2003			
		First Named Inventor	Andrea Caldini			
		Examiner Name	J. E. Stein			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2617			
TOTAL AMOUNT OF PAYMENT (\$)		(\$)		1,240.00	Attorney Docket No.	019438.0279PTUS (Caldini 1-1)

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Note	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account:		Deposit Account Number: 60-1848 Deposit Account Name: Patton Boggs LLP		

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)	Fee (\$)	Fee (\$)
	50	25
Each independent claim over 3 (including Reissues)	200	100

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee (\$)
-20 =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Index. Claims

Index. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
-3 =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	450.00
Other (e.g., late filing surcharge): 1262 Extension for response within second month 1801 Request for continued examination (RCE) (see 37	750.00

SUBMITTED BY

Signature	James M. Graziano	Registration No. (Attorney/Agent)	28,300	Telephone	(303) 830-1776
Name (Print/Type)	James M. Graziano			Date	10 OCT 2006 2006

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Effective on 12/06/2004. Fees provided to the Consolidated Appropriations Act, 2005 (H.R. 4882).		Complete If Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/625,927-Conf. #8482
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 24, 2003
TOTAL AMOUNT OF PAYMENT (5) 1,240.00		First Named Inventor	Andrea Caldini
		Examiner Name	J. E. Stein
		Art Unit	2817
		Attorney Docket No.	D13438.0279PTUS (Caldini 1-1)

METHOD OF PAYMENT (check all that apply)

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<input type="checkbox"/> Deposit Account Deposit Account Number: 50-1848 Deposit Account Name: Patton Boggs LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity
Fee (\$)

25

Each independent claim over 3 (including Reissues)

100

Multiple dependent claims

180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 =	x	=				
HP = highest number of total claims paid for, if greater than 20.						

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 =	x	=				
HP = highest number of independent claims paid for, if greater than 20.						

Total Sheets	Extra Sheets	Number of each additional 60 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x		

4. OTHER FEE(S)	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1252 Extension for response within second month	450.00
1801 Request for continued examination (RCE) (see 37 ...	780.00

SUBMITTED BY	Signature	Registration No. (Attorney/Agent)	28,300	Telephone (303) 630-1776
Name (Print/Type)	James M. Graziano			Date 10 OCT 2006 2006

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